



PUBLIC WORKS
1266 MCDOUGALL ST • WINDSOR ON • N8X 3M7
Phone: (519) 255-6247 • Fax: (519) 973-5476

APPLICATION

RESIDENTIAL ON-STREET ACCESSIBLE PARKING PRIVILEGES

INSTRUCTIONS

Please take this completed application along with the following documents:

- original parking permit (Blue Permit From Ministry of Transportation),
- original vehicle permit (ownership) for the vehicle registered to the permit holder’s address,
- original document used for proof of residency (item 4, below)

to the following address in person (Do Not Mail or Fax.)

Note that a permanent Ontario parking permit, which is valid for at least six (6) months is required for processing this application. Temporary parking permits are not accepted.

Public Works City of Windsor
1266 McDougall Street, Windsor, Ontario, N8X 3M7
Phone: (519) 255-6247

Processing time for application & sign installation is approximately 60 business days from date of application. If this application is approved, there will be a follow up review in two (2) years or by Ontario permit’s expiry date (whichever comes first).

If this application is denied, you may not file an additional application for the same address for 12 months.

Type of Application: [] NEW APPLICATION [] RENEWAL

Name of Permit Holder: (print) _____
First Last

Street Address: (print) _____

Postal Code: _____

Day Phone #: _____ Evening Phone #: _____

Ontario Parking Permit #: _____ Expiry Date: _____

If you are not the holder of the parking permit yourself, and you are applying on behalf of the parking permit holder, please provide your contact information below.

Name: (Print) _____
First Last

Street Address: (Print) _____

Postal Code: _____

Day Phone #: _____ Evening Phone #: _____

Your Relation to the Parking Permit Holder: _____

1. Have you ever applied for Residential On Street Accessible Parking in Windsor before:

YES NO

If YES,

- Indicate where (street address) _____
- Was the application denied? YES NO
- If denied, indicate the date of the application: _____

2. Do you own the property where the Residential On Street Accessible Parking sign would be located? YES NO

If NO, please provide:

Name of **Property Owner:** _____
(print)

First Last

Street Address: _____
(print)

Day Phone #: _____ Evening Phone #: _____

3. Is there any means of parking **on the property** where the Residential On Street Accessible Parking sign would be located (i.e. **garage, front or side driveway, rear yard or front yard parking, or gated parking area**)? YES NO

4. Please provide the original of **one** of the documents listed below as proof of residency of the accessible person at the address where the Residential On Street Accessible Parking sign would be located.

- Valid Driver's License Most Recent Utility Bill
- Other, please specify: _____

Dated: _____ Applicants Signature: _____

FOR OFFICE USE ONLY

- _____ Accessible parking permit
- _____ Proof of residency
- _____ Vehicle registration
- _____ Site visit complete

APPROVED DENIED

Authorization Signature: _____ Date: _____

Follow Up Date: Expiry Date of Permit or Two Years (whichever comes first)

Bring Forward Review Date: / /
 M D Y

Adopted: September 23, 2013